

# CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001540**

SFUND RECORDS CTR  
999000333

## GENERATOR (Generator Must Complete)

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

**VERNON WORKS**

② Name **ALUMINUM COMPANY OF AMERICA**

Name **OPERATING INDUSTRIES, INC.**

Name **CHEMICAL WASTE MANAGEMENT INC.**

EPA NO. **C A D O 7 4 1 2 6 6 8 1**

EPA NO. **C A D O 8 0 0 1 2 0 2 4**

EPA NO. **C A T O O 0 6 4 6 1 1 7**

Address **5151 Alcoa Ave.** Phone No. **588-6141**

Address **900 N. Potrero Grande Dr.**

Address **P.O. Box 1104, 430 W. Elm Ave.**

City, State, Zip **Vernon, Ca. 90058**

City, State, Zip **Monterey Park, Ca.**

City, State, Zip **Coalinga, Ca. 93210**

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER:

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS  
☐ TANK TRUCK ☐ DUMP TRUCK  
☐ OTHER

⑥ WASTE CATEGORY **#7**

⑦ EX. HAZ. WASTE PERMIT NO.

⑧ GENERATING PROCESS **Aluminum Fabrication**

LIST COMPONENTS:

CONC. UPPER

RANGE LOWER

UNITS

CONC. UPPER

RANGE LOWER

UNITS

⑨ A. \_\_\_\_\_ ☐ % ☐ ppm.  
B. \_\_\_\_\_ ☐ % ☐ ppm.  
C. \_\_\_\_\_ ☐ % ☐ ppm.  
D. \_\_\_\_\_ ☐ % ☐ ppm.

E. \_\_\_\_\_ ☐ % ☐ ppm.  
F. \_\_\_\_\_ ☐ % ☐ ppm.  
G. \_\_\_\_\_ ☐ % ☐ ppm.

Non Hazardous Material **100** %

⑩ WASTE PROPERTIES: pH **7** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **Aluminum Oxides & Water**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *K. Sump*  
Signature of Authorized Agent and Title

**4-10-81**  
Date Shipped

## TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**

EPA NO. **C A D O 2 8 2 7 7 0 3 6**

ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**

CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **4-10-81**

TIME **6:30** ☒ AM ☐ PM

⑯ *[Signature]*  
Signature of Authorized Agent and Title

**4-10-81**  
Date

## TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME *Operating TSD Facility* QUANTITY (If Measured) **100 BBL**

EPA NO. **C A D O 8 0 0 1 2 0 2 4** ⑱ STATE FEE (If Any)

PHONE NO.

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉒ NAME

EPA NO.

**K001262**

㉓ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☐ Landfill  
☐ Injection Well ☐ Land Treatment  
☐ Treatment (Specify)  
☐ Recovery or Reuse ☐ Storage/Transfer

㉔ *[Signature]*  
Signature of Authorized Agent and Title

**4-10-81**  
Date Accepted